

STANDARD CERTIFICATE OF DEATH

45197
State File No. 12120

FILED JAN 19 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 12120

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 721A Hickory St.,		d. STREET ADDRESS (If rural, give location) 721A Hickory St.,	
3. NAME OF DECEASED (Type or Print) a. (First) LEO b. (Middle) BENJAMIN c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1953.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 21, 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY St. Stephen Ch.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
13a. FATHER'S NAME Bernard Benjamin		13b. MOTHER'S MAIDEN NAME Don't know	14. NAME OF HUSBAND OR WIFE Katie Benjamin Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Edward Benjamin, 2117 Edmund Ave.,
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		4222	
22. I hereby certify that I attended the deceased from Oct 10, 1953 to Dec. 21st, 1953 that I last saw the deceased alive on Dec. 21st, 1953, and that death occurred at 6:00 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS 1319 So. Bdway.	
23c. DATE SIGNED 12-23-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Dec. 24, 1953	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. DEC 23 1953		REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Fos. W. Clark 1125 Hodiamont Ave.,	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Frank Demko,
1319 So. Broadway
MA. 8350.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Alfred F. Boedeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.